

# Kinderland Education and Childcare Centre REGISTRATION FORM

Child's Name: \_\_\_\_\_  
Surname Full given name

Address: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Birth Date: \_\_\_\_\_ F M  
Day Month Year

Home Telephone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_  
 Toilet Trained: YES  NO

E-mail Address: \_\_\_\_\_

Child lives with: Both Parents  Mother only  Father only  Guardian

Parent Information: Married  Separated  Divorced  Single   
 If separated or divorced who has custody? Mother  Father  Joint

Address of: Mother/ Father  
 (If different from above)  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Emergency /Alternate child pick up person:

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Relationship to child \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

<p style="text-align: center;"><b>Father/Guardian</b></p> <p>Mr. <input type="checkbox"/> Dr. <input type="checkbox"/></p> <p>Father's Name _____</p> <p>Employer _____</p> <p>Business Address _____</p> <p>City: _____ Postal code: _____</p> <p>Business Telephone _____</p> <p>Cell Phone _____</p> <p>E-Mail _____</p> <p>Occupation _____</p>	<p style="text-align: center;"><b>Mother/Guardian</b></p> <p>Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/></p> <p>Mother's Name _____</p> <p>Employer _____</p> <p>Business Address _____</p> <p>City: _____ Postal code: _____</p> <p>Business Telephone _____</p> <p>Cell Phone _____</p> <p>E-Mail _____</p> <p>Occupation _____</p>
<p><b>Child's Medical Information</b></p> <p>Name of Doctor _____</p> <p>Doctor's Address _____</p> <p>City: _____ Postal code: _____</p> <p>Doctor's Telephone: _____</p>	<p>Physical restrictions and particulars of child's health which you wish to note</p> <p>_____</p> <p>_____</p> <p>Allergies Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Epipen Required Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**Signature of Mother:** \_\_\_\_\_  
**Signature of Father:** \_\_\_\_\_

Date \_\_\_\_\_  
 Date \_\_\_\_\_

FOR OFFICE USE ONLY      Start Date: \_\_\_\_\_      Last Day: \_\_\_\_\_

# Kinderland Education and Childcare Centre

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## Care Requirement:

Preferred Starting Date \_\_\_\_\_  
Day Month Year

Start Date: \_\_\_\_\_

New Application  Re-enrolment

Hours Required: A.M.  P.M.  Full Day

Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_

Days required: Monday   
Tuesday   
Wednesday   
Thursday   
Friday

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Does your child have **siblings** that attend Kinderland? \_\_\_\_\_NO \_\_\_\_\_YES

If yes, please list names and birthdays: \_\_\_\_\_  
\_\_\_\_\_

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Please note which **School** your child attends / will attend \_\_\_\_\_

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**(Cont. from page 1.) Additional Emergency/Alternate child pick up person (s):**

**Your child will be released only to the Emergency/Alternate pick up person(s)/other than parents:**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Tel. #: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Bus. Address: \_\_\_\_\_  
Bus. Tel. #: \_\_\_\_\_

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Signature of Mother: \_\_\_\_\_

Date \_\_\_\_\_

Signature of Father: \_\_\_\_\_

Date \_\_\_\_\_